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ABSTRACT

In this third report the Task Force focuses on the whole child in an attempt to help all agencies--responsible for any services to migrants--improve the total range of services needed by migrant farmworkers and fishers, and thus improve the migrant child's chances for a basic education. The recommendations explore two topics new to the Task Force (bilingual education and health care services) and reconsider five previously unresolved issues: early childhood education, planning and evaluation, teacher training, public information, and information and credit exchange. Bilingual education, different from migrant education, should be available for those migrant students who cannot function in a traditional English language instructional program. English skills should be developed via teaching English as a second language. Health care services must be stressed in view of the high rates of early death and communicable disease among migrant workers. Among other things, the Migrant Student Record Transfer System (MSRTS) health record should match that of other health service programs. The MSRTS health records of migrant children residing. in non-Title I areas should be available to clinics and private physicians to promote the continuity of medical care. The Task Force will now present its recommendations to appropriate legislatures and agencies. (SB)

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Third Interim Report: Findings and Recommendations

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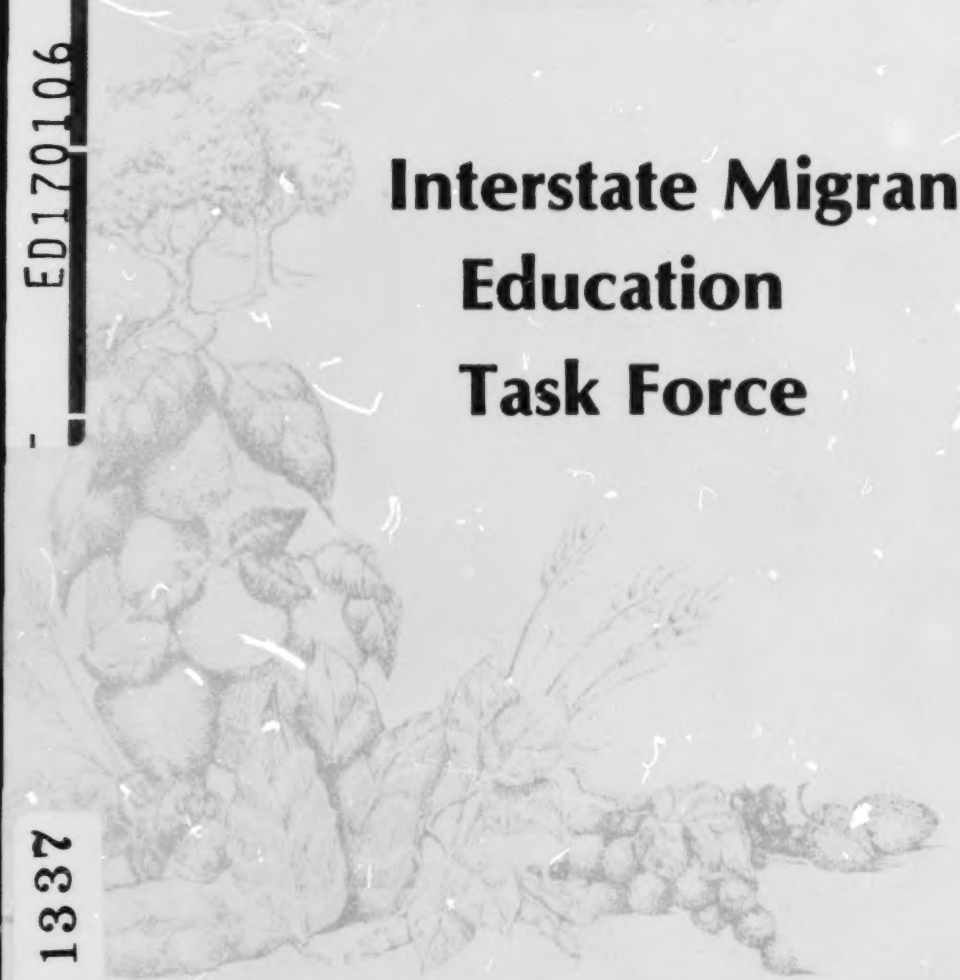

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Interstate Migrant Education Task Force

Third Interim Report: Findings and Recommendations

Education Commission of the States
Denver, Colorado
Warren G. Hill, Executive Director

Report No. 127

May 1979

Additional copies of this report may be obtained from the Interstate Migrant Education Project, Education Commission of the States, Suite 300, 1860 Lincoln Street Denver, Colorado 80295, (303) 861-4917.

FOREWORD

The Interstate Migrant Education Task Force of the Education Commission of the States, which it is my distinct pleasure to chair, during its three years of operation has played a pivotal role in motivating, organizing and encouraging the education, health and social services communities to better serve the migrant population.

Through its broad based and very dedicated membership, the task force has been responsible for real progress in the improvement of services to migrants. By convening representatives of groups that ordinarily would not come into contact with one another, a better understanding of the range of factors impacting the migrant family has been fostered, and many constructive actions have been taken.

This Third Interim Report outlines many steps that have been accomplished as a result of the task force's work and persistence, and many others that the task force believes to be important goals for the future. It is my sincere hope that these goals will be achieved expeditiously to insure equity and equality for our migrant citizens.

William D. Ford, Michigan
Congressman and Chairman, Interstate
Migrant Education Task Force

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INTRODUCTION

This is the third report of the Education Commission of the States (ECS) Interstate Migrant Education Task Force, which was formed in 1976 to develop recommendations for the improvement of migrant education. The 27 members of the task force represent a microcosm of the political/educational leadership at local, state and federal levels. On the basis of its discussions over the past three years, the task force has developed recommendations to address the problems faced by migrant children and the schools they attend. To gain insight into these problems and issues, the task force has consulted with migrant parents, students and educators, and state and local school administrators, federal agency administrators and others involved in migrant education.

The first report of the task force recommended methods for improving services to migrants by increasing cooperation between federal, state and local human service agencies, local school districts serving migrants and state education agencies (SEA's) that administer Title I Elementary and Secondary Education Act (ESEA) migrant education funds. The second task force report reviewed four critical issues in migrant education: early childhood services, planning and evaluation of services, information and secondary credit exchange, and parent involvement; and made legislative and administrative recommendations to the Congress and to federal agencies, state governments and local school districts. This third report continues the examination of early childhood education, information and credit exchange, and planning and evaluation issues. In addition, the report addresses the areas of bilingual education, health care services, teacher training and public information.

Some of the recommendations in this report address issues such as early childhood education and secondary credit exchange, on which there has been a consensus for some time. Other recommendations represent issue areas of substantial disagreement. These topics, such as bilingual education and health care services, are especially controversial. Bilingual education, for example, is a difficult issue for educators to resolve because it represents a new challenge to teachers and administrators. Teachers are not generally bilingual and administrators who are often faced with tight

budgets cannot hire new teachers solely for bilingual education. Additionally, some critics have noted that bilingual education represents a major departure from the all-English tradition of many public schools. They also question whether that departure is warranted in a basically English-speaking nation.

The Supreme Court of the United States spoke to this issue in *Lau v. Nichols*, 414 U.S. 563 (1974), which said, in effect, that when a substantial number of students do not speak English, the students should be taught in their native tongue. The court did not specify how the students are to be taught or how many students have to be present to meet the requirements of this provision.

Health care services are largely offered by private institutions and/or controlled by agencies outside of education; and, school health services have traditionally not extended beyond the student to the family. Schools have generally referred nonemergency problems to parents or private physicians. In migrant education, however, schools have purchased health services for students and have worked with agencies, e.g., health clinics for migrant farmworkers, to improve services to the entire family. Educators exercise little or no control over medical services. Furthermore, such services require funds that might otherwise be spent in the classroom; hence, there is some feeling among educators that health care should be left to physicians or public health clinics.

The following section provides a brief review of the issues and the rationale for task force recommendations or position statements in these areas.

THE ISSUES AND TASK FORCE RECOMMENDATIONS

Bilingual Education

The extent of the need for bilingual education for students who are the children of migrant workers has not been defined, but a high percentage of these students are Mexican American; because many Mexican Americans speak Spanish as a first language, some bilingual education is needed. For purposes of this report, bilingual education is defined as the process of teaching wherein children who do not speak English are taught in their native language to convey subject matter. Another aspect of bilingual education is to provide instruction in the English language. In some areas of the country, such as south Texas, migrant workers are quite often bilingual or speak mainly in a language other than English. For example, a study done by InterAmerica Research Associates (1978) in federal Region X found that 76 percent of migrant workers surveyed preferred to speak Spanish as a first language.

For children who possess little or no skill in English, school can be an impossible challenge. There have been some steps taken to improve the educational opportunities of "linguistically different" children. Title VII of the Elementary and Secondary Education Act is an example of the recognition of the need for teaching linguistically different children in a language other than English. The objective of Title VII is ". . . to assist children of limited English proficiency to improve their English language skills. . . ." (Public Law 93-380, Section 703(3)(13)). In addition, many states have developed legislation on bilingual education. Perhaps the best known legislation was enacted in Massachusetts where the law specifies that, if a certain number of bilingual children are present, the education program must be bilingual. Other states, California, Michigan and Texas, for example, have since passed similar statutes.

One of the major problems associated with bilingual education is the lack of teachers who can instruct children in a language other than English. A second problem affecting bilingual education for the children of migrant farmworkers has been the common stereotype of migrants as

predominantly Spanish-speaking Hispanics. Thus, bilingual education and migrant education are sometimes thought to be synonymous. This misconception tends to unfairly penalize English-speaking children of migrant workers by gearing the total program to the bilingual child. The stereotype of migrant workers as Hispanics is not based on fact, according to the findings of the U.S. Department of Agriculture (USDA), which, in its 1976 survey, *The Hired Farm Work Force*, documented that of 213,000 migrant farmworkers, 122,000 were white, 77,000 were Hispanic and 15,000 were black and other. Thus, bilingual education is necessary for many children of migrant workers, but it is not synonymous with migrant education.

As Severo Gomez, task force member and associate commissioner of education in Texas, stated:

> To me, whether it is or is not a migrant child, if it is a child who has limited English-speaking ability, there is no question in my mind that, in order to develop that child educationally, you have to use the process of bilingual education. . . . Neither is there a question in my mind that, for these children who are linguistically incapable of using the English language in the traditional educational mode, bilingual education must be incorporated into their learning process. But under the law, if you are dealing with the children of migrant workers specifically, it has to be done in a supplementary activity (1977).

Title VII established grants for planning, training and offering direct services for the development of bilingual programs. Therefore, the real burden on schools to provide bilingual education falls on the Title VII programs and not on migrant education programs. However, when Title VII or other programs are not available, migrant education programs must have the capability of meeting the students' needs within the migrant education program. According to the regulations for Title I migrant education, Section 116d.32(d):

> Each SEA shall include the following in its application. . . . (d) A summary of the information, including information from other SEA's and from the Migrant Student Record Transfer System, that the SEA has regarding the special educational needs of the migratory children expected to live or living in the state during the period covered by the application. This summary must demonstrate that the SEA has obtained an accurate assessment of the cultural and linguistic backgrounds of these children and must include a description of the measures that the SEA will take to assure that a migratory child is not prevented from benefiting fully from the services provided by the Title I migrant education program because he or she does not speak English or has limited English language skills . . . (Department of Health, Education and Welfare (HEW), 1978).

The following statement reflects the position of the task force on education for children who do not possess skills or proficiency in English:

> *A child who is linguistically different and who, because of that difference, is unable to function in a traditional English language instructional program must have the opportunity to receive instruction in the language in which he/she can function educationally. An equally critical component of bilingual education is the development of English language skills. A child must be able to function well in English if he or she is to be successful in an English society or English-speaking schools. This latter skill may be accomplished through teaching English as a second language.*

Health Care Services

The problems of children of migrant farmworkers and fishers with health care are common to many Americans; that is, they cannot afford first class health care. Further, the deprivation that pervades the lives of this segment of society makes children and their families primary targets for many health care problems. A 1974 study (Exotech) found that children of migrant workers are often handicapped by health and language problems that have the cumulative effect of depressing achievement and motivation. This finding was corroborated recently in the state of Washington (Lester, 1978), where it was found that at least 10 percent of children screened had serious health problems. In that summer health care program, Robert A. Tidwell, M.D., task force member, also found that 80 to 90 percent of the children seen had treatable medical problems.

A recent report by Ramirez (1977) highlighted some of the major statistics concerning migrant health problems. Among the findings she presented were the following:

- The migrant's life expectancy is 49 years, compared to the national average of 73 years.
- The infant mortality rate among migrants is 25 percent higher than the national average.
- Birth injuries result in many cases of cerebral palsy and mental retardation.
- The migrant death rate from influenza and pneumonia is 20 percent higher than the national average, and 25 times higher

than tuberculosis and other communicable diseases.

- The migrant's hospitalization rate from accidents is 50 percent higher than the national average.
- The migrant's two most chronic conditions are diabetes and hypertension, both of which require continuous, ongoing care.
- Poor nutrition causes pre- and post-natal deaths, anemia and extreme dental problems, as well as poor mental and physical development of the children.
- The largest outbreak of typhoid in recent history occurred in a migrant camp in Dade County, Florida, in 1973 and was traced to a contaminated water supply (Ramirez, 1977).

Public health care services available to migrant workers are primarily provided by the migrant health program funded under the Migrant Health Act (Public Law 87-692). Additional sources of public health care are Title I of ESEA, Section 303 of the Comprehensive Employment and Training Act (CETA), and Titles XIX and XX of the Social Security Act. In 1977, $30 million were available to the migrant health program. Program funds are channeled through the 10 federal regional offices to migrant health clinics. The 10 federal regional offices were established to serve as a link between regional clusters of states and the agencies' national offices in Washington. The program is administered by the Bureau of Community Health Services (BCHS).

Last year BCHS supported 125 grantees that were *centers* in high impact areas and *projects* in low impact areas. Most of the grantees operate year-round, providing ambulatory health care and linkages to hospital services, school health services, family planning services, mental health services, and nutrition and emergency food programs sponsored by local or state agencies.

At the November 18-19, 1978, ECS Interstate Migrant Education Task Force meeting in Little Rock, Arkansas, Robert A. Tidwell, M.D., noted that the migrant health care projects have two basic problems. The first problem, according to Dr. Tidwell, is that proximity to services is a key factor in service usage, because many migrant workers and their families may not have the transportation or the clinics' operating hours may conflict with migrant working hours. Second, and perhaps more importantly, the clinics' year-round operation forces clinics to accept nonmigrants when migrant workers are not in the area. Thus, when migrant workers return to the area and need health care, they compete for services with the

full-year clients. In 1977, migrant health clinics saw 490,000 clients. Of these clients, only 175,000 (35 percent) were migrant workers or their dependents (BCHS, 1978).

The mobile nature of interstate migrant workers also works against good health care, in that they are unable to maintain a continuity of medical care, for two primary reasons. First, migrant clinics have not had a ready means of obtaining medical records on migrant families; and second, migrant clinics are not tied into the health component of the Migrant Student Record Transfer System (MSRTS).

In 1978, the migrant health office established a special task force to redesign its national migrant referral system. The result of the task force efforts were:

A new patient card with complete medical history.

A new referral form to be sent from one health care provider to another, when necessary.

A national migrant health services directory with a listing of all known sources of health care for migrant workers.

A patient education program to improve the manner in which patrons use the system.

Even where public services are available, migrant workers are often excluded from treatment because they are classified as nonresidents by many health agencies funded by Titles XIX and XX (Section 228.11 of Title XX regulations and Public Law 93-647, Section 200-3.(d)(E)). This is contrary to the statutes and regulations governing Titles XIX and XX, but it still happens, according to migrant parents.

To make up for the lack of other health services, Title I ESEA migrant education projects sometimes must spend some of their budget on health-related services (Bove, 1976). The health records of children enrolled in the Migrant Student Record Transfer System are transferred with their academic records to improve continuity of services and to avoid duplication of medical services, such as innoculations. Unfortunately, the MSRTS health records are not similar in format or content to the Title XIX or XX screening records, which are commonly used in 49 states; so, many doctors operating under Title XX may have to either complete a new

screening or use incomplete information to serve children of migrant farmworkers and fishers. The problem of incompatible information is being addressed by MSRTS, but will not help with a larger problem, which is that many children enrolled on the MSRTS in their home-base states do not reside in Title I migrant project areas in receiving states. The medical histories of these children are not available to physicians or health clinics in receiving states. Thus, treatments may be interrupted or problems may be misdiagnosed. In either case, the child loses and is endangered and may become a hazard to the health of others by carrying communicable diseases.

Based on these preliminary findings, it is the position of the Interstate Migrant Education Task Force that:

The migrant farmworkers and their families are entitled to parity health, economic opportunity and educational access. Good health is important to educational achievement and overall development of all children and must, therefore, be equally emphasized for the migrant child.

The task force urges that the following recommendations be considered for future action by HEW and other departments having to do with the health and welfare of migrant workers and families:

- *The secretary of the Department of Health, Education and Welfare appoint an oversight committee on migrant health. This committee would report annually on the status of migrant health to the U.S. House of Representatives' Committee on Education and Labor, and the Subcommittee on Health and Environment of the Committee on Interstate and Foreign Commerce.*

- *The secretary of the Department of Health, Education and Welfare establish a national task force on migrant health, independent of or in conjunction with the National Migrant Health Council of the Bureau of Community Health Services, to develop recommendations for the secretary of the Department of Health, Education and Welfare.*

- *Congress specifically list the children of migrant*

workers in any new federal health legislation pertaining to children.

- *The Bureau of Community Health Services evaluate the migrant health clinics periodically and prepare recommendations for modifications in services, funding procedures and program administration.*

- *The MSRTS health record be modified to match that used by other health service programs, such as Title XIX.*

- *The MSRTS health records of migrant children who reside in non-Title I project areas be made available to private physicians and migrant health clinics to promote continuity of services.*

- *The emphasis on prevention in migrant health be reinforced.*

In addition, the task force passed the following motion concerning health care legislation:

> *Due to our concern for the children of migrant workers, the ECS Interstate Migrant Education Task Force goes on record in support of any future legislation designed to enhance health care delivery for migrant farmworkers and fishers, and is prepared to communicate support of this legislation to our respective members of Congress in the forthcoming months.*

Unresolved Issues and Recommendations

Throughout the two and one-half years of task force deliberations, the task force has looked at the problems or issues surrounding early childhood education, planning and evaluation, the exchange of educational health information and secondary course credit, teacher training, parent involvement, interagency cooperation, program administration and interstate cooperation. As the task force worked through these issues, there were many problems for which recommendations were not developed. In this fourth year of the project, the task force decided to reconsider many of these recommendations and identify methods whereby problems in these areas could be resolved. These recommendations, in the

areas of early childhood, teacher training, information and secondary course credit exchange, planning and evaluation, and public information, are presented in the following sections.

Early Childhood

The advantages of early childhood intervention, including health, nutrition and cognitive stimulation, have been demonstrated by a number of scholars through the studies and projects conducted by the Administration for Children, Youth and Families (ACYF), and similar state and private efforts. However, migrant parents often have problems in obtaining quality services. These problems were outlined in the Second Interim Report of the ECS Interstate Migrant Education Task Force. Basically, the major problem is that there are too few affordable public or private sources for day care. The result is that children are left unattended, or older children are kept home to oversee preschool children, or children are taken to the fields.

Title I migrant education programs have been able to serve preschool children when it could be demonstrated that older children would be kept home from school to babysit the preschool children, but the limitations on Title I migrant education programs have sometimes resulted in programs not being able to serve all the preschoolers in a family. This can cause problems for parents and for programs when parents ask why all their children cannot participate.

The Title I programs served 62,333 preschool children in 1978 (Fuentes, 1979), and Head Start migrant projects served another 6,000 preschoolers in a representative sample of 12 states, including home-based as well as user states (InterAmerica Research Associates, 1977). For the coming year, the U.S. Office of Education (USOE) has designated early childhood services as a priority; therefore, more children should be served. However, the Title I projects only receive funds for serving children from 5 to 17; hence, in effect, the preschool services are conducted at the expense of older children.*

*Title I migrant education programs are funded on a full-time equivalent (FTE) basis for a full calendar year, i.e., 365 days. The projects receive either 40 percent of the average per-pupil expenditure for the state or 80 percent of the average per-pupil expenditure, whichever is greater, for each full-time equivalent student they serve.

Another problem for programs seeking to serve the preschool children of migrant farmworkers and fishers is the reluctance of those parents to use child care facilities, because of cultural or family traditions, although this reluctance has not been thoroughly studied. One example of such evidence is the fact that, although many children are brought to the fields or left with older siblings, when migrant workers in the northwestern United States were asked to rank the problems they face, child care and education were both ranked sixth in terms of priority concerns (InterAmerica Research Associates, 1978). The same study showed that only 35.2 percent of migrants surveyed had sought child care services, while 98.9 percent of migrants surveyed had sought health care.

A problem faced by migrant workers who are parents is the lack of information about the type, quality and cost of day care services available in places where they plan to go and work. Some places where migrants go to work during the planting and harvesting seasons may have a variety of day care or early childhood services that differ in scope, hours and cost. Migrant workers generally must seek information about services after they arrive in a location, which is difficult because migrants work long hours in rural areas away from most services. A number of information referral projects have been set up that migrants could use if they had ready access to the information. An example of such information referral services is the Resource Application Projects (RAP's) operated by the Administration for Children, Youth and Families. The basic purpose of the RAP is the identification and cataloguing of information relating to early childhood services. The information is made available on a referral basis, upon request.

Previous task force recommendations have focused on ways that agencies could work together to broaden services and improve the ability of Title I programs in serving preschool children. To deal with the funding problem for early childhood services and the lack of information about services, the task force recommends that:

Congress enact legislation that will insure that the age of children served under Title I migrant education of ESEA be extended from the present 5 to 17 age limits to ages 0 to 21. Funds be allocated to states for all children of migrant workers from ages 0 to 21 who are identified and enrolled on MSRTS.

The U.S. Office of Education establish a national information network to inform migrant parents about early childhood services. The National Association of State Directors of Migrant Education consider the feasibility of a national toll free number (as a means of making information immediately available to migrant parents) as part of that service.

Teacher Training

The recognition that there is a need to provide special services to children of migrant workers has evolved only within the past few years. As a result, there are too few teachers and other education personnel who are sufficiently prepared to work with these children. There is little prospect of having enough trained personnel because few of the existing teacher training programs prepare teachers to teach the children of migrant farmworkers and fishers. There are some training programs specifically for migrant teachers, such as the California Mini-Corp Program, but the programs are small in comparison to the need and are not widespread.

Much of the fault for the lack of trained educators lies with postsecondary education, which often has not addressed special needs of the disadvantaged, unless they have received special funding to do so. Sufficient funds for such special programs often are not available, but postsecondary education could solve part of the problem by placing courses for teaching "special" populations in the mainstream of their curriculum. One reason why this is not done is that many colleges of education have not been approached to explain the problem and the needs of children of migrant farmworkers and fishers.

Although training for prospective teachers is important, training for persons who are teaching migrant children is also important. Presently, there are not enough training opportunities for either the many teachers in receiving states where only a few migrant students are found in a classroom or the home base states where a majority of the students may be migrants. Teaching migrant children requires a knowledge of the subject matter, the knowledge of how to use the MSRTS and an understanding of migrants' life-style and how that life-style affects school performance. Comments from teachers when the task force visited the schools in Brownsville, Texas, indicated that teachers do need training to properly utilize the MSRTS. According to those teachers in the

Brownsville area, they do not utilize records of a student's academic work because they either do not get the actual MSRTS records or they cannot match the information with their school's particular curriculum. This is similar to the problems with the MSRTS health records, which do not match the Title XIX screening guidelines and thus present difficulties for widespread use by physicians.

To help teachers understand what work students have done in the basic skills of reading, math, oral language and early childhood, the state directors of migrant education have developed a list of the basic skills in each subject area. The skills lists have been cross-referenced with some of the most commonly used textbooks to help teachers understand exactly what the children have been exposed to in each of the skill areas and to help the teachers translate that knowledge into the context of their own classroom. Now that basic skills lists in math and reading have been developed for the Title I migrant education program and are available for distribution, there should be no reason why teachers cannot be trained to use them. Having teaching tools available, however, is not sufficient unless teachers can utilize the tools, which requires training. The lack of training for teachers is caused by a number of factors, including lack of training funds, lack of trainers and the brief time many teachers see migrant children. Three states (California, Florida and Texas) receive the bulk of the migrant funding and thus have more training funds for their teachers, but many of the receiving states that must run expensive summer schools or after-school programs do not have sufficient funds available for massive teacher training programs.

Upgrading training should not be overly difficult, however, because there are a number of experienced educators who have had success in teaching migrant children. These successful teachers could be an excellent resource for training other teachers. One of the challenges to program administrators is to match these available resources with training needs.

Because education is compulsory in 49 of the states and because migrants are taxpayers whose children must attend school, it could be argued that teacher training institutions should be obligated to prepare teachers to work with migrant students. Training programs, thus, should not require extra funding from Title I of ESEA, but should be part of the

normal higher education function to meet the entire community's needs.

Migrants represent a small proportion of the entire school population, approximately one percent, or 422,190 of 45,409,000 students (HEW, 1977). Therefore, programs that offer teachers degrees in migrant education are not needed as much as the need for inclusion of migrant education into the general teacher preparation curriculum. On the other hand, in some school districts such as Pharr-San Juan-Alamo, Texas, a majority of the children are migrants.

In these districts, a teacher may have a class that is composed of almost all migrants. Such districts may require specially trained teachers such as those who receive training in the California Mini-Corp Program. Title I migrant educators could work with such programs to help place graduates and to advise the institutions on program needs.

Migrant parents have reported to the task force (Brownsville, Texas, March 25-27, 1977) and staff (Minneapolis, Minnesota, May 15, 1978) that the education program in some schools is often irrelevant to migrant children's lives. Thus, teacher preparation programs that include migrant education would help meet parent concerns for teachers who "understand our children" and who can make education continuous and relevant. Migrant teacher education could also prepare teachers and others to be mobile and flexible in the scheduling of schools, i.e., to expect to work early or late and to be able to work with the entire family.

The task force has made the following recommendations to deal with the lack of trained teachers for migrant children. It is recommended that state departments of education:

Include training that specifically deals with the education of the children of migrant workers as an integral part of the teacher certification requirements.

Mandate inservice training for teachers currently serving the children of migrant workers.

In summary, most teachers who have migrant students in class do not have these students for the entire school year and do not have classes where migrants form the majority of the student population. These teachers are often in schools

not included in the Title I migrant education program and do not have the MSRTS records readily available. The task force has proposed that the only way to insure that teachers are adequately prepared to teach the children of migrant farmworkers and fishers is to have migrant education included in the general teaching curriculum and in state teacher certification requirements. The consensus is that we, as a nation, can no longer tolerate the injustice of a small, relatively powerless group of children being denied quality education because their parent's employment includes regular moves.

Secondary Credit Exchange

The task force has been active in making recommendations about secondary credit exchange for some time, but the interest has specifically been in establishing a vehicle for improving the exchange of information and secondary credit. Information gathered thus far has revealed a diversity of credit exchange efforts and the continuing problem of nonparticipation in MSRTS.

There are three basic reasons why some children of migrant workers are not identified, enrolled and served by Title I migrant education. First, some schools do not participate in Title I; second, schools with migrant education programs do not identify all migrant students; and third, many older migrant students work rather than attend school. When migrant students are not identified, recruited and enrolled, two things may happen: first, no funds are provided states for unreported students, because Title I funding is on a student FTE formula; and second, students undoubtedly fail to receive vital services. The actual number of children who are uncounted has been the subject of conjecture by the migrant educators (Hilburn, 1977); although, in fact, the actual size of the undercount can only be estimated because no data are available to verify the numbers of children of migrant workers. Migrant educators know that many eligible children attend schools that do not participate in the Title I migrant education program. Many of these students probably also attend schools that have Title I migrant education programs. Attendance at most Title I migrant project schools and non-Title I project schools results in incomplete academic and health records on MSRTS. The incomplete records may result in gaps or duplication for a student's work and can seriously hamper the accumulation of credits toward high school graduation.

Nearly 90 percent of migrant students fail to finish high school. In fact, dropouts start after the fifth grade (Exotech, 1974). A recent analysis of the dropout problem among the children of migrant farmworkers and fishers by Fuentes (1979) detailed the need for programs to reduce dropouts. Table 1 below shows the constant 6 to 7 percent dropout rate among those students who manage to progress to the ninth grade. As Fuentes notes:

> There is a 20 percent drop in (total migrant) enrollment between those entering the 9th grade and those entering the 12th grade (Table 1 shows that the 12th grade enrollment for migrant students is only 43 percent of the 9th grade enrollment or a 57 percent dropout rate in the high school years). . . . For some time now many people have "guesstimated" that 10 percent or less of migrant students complete high school. The information in Table 1 seems to verify the guesstimate. . . . If the percentage difference (6 or 7) between grades holds true, then we can project that 8 or 9 percent of the 12th grade students will complete high school . . . (Unpublished Memorandum, January 1979).

Table 1

Total MSRTS Enrollment: 422,190
Total 9-12 Enrollment: 84,397

Enrollments	Total	Percent MSRTS Total	Percent 9-12 Total	Percent Decrease by Grade
9th grade	29,484	7	35	--
10th grade	23,696	6	28	7
11th grade	18,324	4	22	6
12th grade	12,893	3	15	7

One major factor in the high dropout rate among the children of migrant farmworkers and fishers is the difficulty migrant students have in accumulating enough credits to finish school. For the last several years, at least three states — California, Texas and Washington — have been working on programs to exchange credits between school districts within California and between school districts in Texas and Washington, as a way of dealing with dropouts and credit accrual problems. Some of the problems that states and schools have in credit exchange are:

- Differences in course content between states and local school districts.

- Differences in the courses required for graduation in

various states; for example, a student may have one-half year of Texas history and one-half year of Washington history.

- Difficulty obtaining credit for partial course work at the school where a migrant student wishes to graduate.

- Difficulty convincing receiving states to offer courses needed in the home base state.

- Failure of schools to offer flexible schedules to permit students to work and go to school. Starting in the spring, every hand is needed for the migrant's family to achieve an adequate income, so older children frequently work during the day. If classes are offered on a traditional "eight to four" schedule, such children may become, at least, temporary dropouts.

Given these problems, credit exchange will not be even moderately successful until all states participating in credit exchange find effective ways to work together. Having a coordinated national effort is not an easy task, but it is possible. Without a coordinated national credit exchange system, a few districts in California, Florida and south Texas may have to work with several hundred local education agencies (LEA's) on an individual basis. The new regulations for migrant education (Subpart D, Section 116d.32(h)) encourage the states to work in credit exchange. The regulations indicate that state education agencies will provide "(h) An explanation of the steps the SEA will take to assure the most continuity practicable in the education of the migratory children to be served, such as the exchange of course credits, both within and among states, and the intrastate and interstate sharing of program planning, evaluation, curriculum and staff training materials. This explanation must also include a description of the information that the SEA will pass on to other SEA's regarding the migratory children, other than through the Migrant Student Record Transfer System . . . " (HEW, 1978).

To improve the exchange of credit among secondary schools, the task force recommends that:

Credit exchange be a coordinated effort among all states, rather than each state developing a separate system.

The state education agency be required to collect MSRTS information from all districts that have migrant workers in their attendance areas.

Thus, the task force has acted to improve the prospects of the children of migrant workers for graduating from high school by recommending a nationwide effort; and, by recommending that all schools, whether they are Title I project schools or not, contribute to the information base by having the SEA's collect data from nonproject schools.

Public Information

There is a generally negative stereotype of migrant workers stimulated by the events of the 1930s and the "Grapes of Wrath" image wherein migrants were often viewed as "Okies" thrown off their land by evil bankers. In fact, however, today's migrants are mainly people who reside permanently in southern or southwestern states and, out of choice, habit or necessity, move witn harvests and fishing seasons for economic purposes.

Migrants are often misunderstood and subject to economic and ethnic prejudice because they are generally poor, are often members of minority groups (36 percent Hispanic, and 7 percent black and other) and often speak a language other than English (USDA, 1977). Perhaps most importantly, however, is the fact that migrants are strangers who live in a community only temporarily.

The prejudices and misunderstandings about migrants could be at least partially alleviated if the state migrant education programs would collectively or individually gather information on the effect of migrant program dollars on local economies. Gathering this information should be an interagency project or could be done in collaboration with voluntary or nonprofit groups, as a means of involving community groups and building goodwill for migrant programs.

Further compounding the negative image of migrants are the many agencies that are responsible for serving migrant workers. A study by D. A. Lewis Associates found 51 such agencies in Florida (1975). These agencies were federal, state and local, public and private. Presently, there are at least four other definitions of migrant, some of which include seasonal agricultural workers and none of which include fishers. Thus,

it might be believed that a migrant's every need is met by public agencies, but data clearly show that this is not the case.

This labyrinth of agencies, definitions, funding formulas and regulations relating to services for migrant farmworkers is astounding to professionals and absolutely unintelligible to lay people. Each of these agencies talks about coordination; yet, when pressed for consistent examples of coordinated services, most agencies have to admit that they only pay lipservice to coordination of services. There is no incentive for agencies to cooperate through prestige, merit increases or funding increases. In fact, it is feared that coordination might cause loss of jobs and lower funding.

The task force recommends that the following steps be taken to help correct this situation and to improve the coordination of services. It is recommended that:

A public information program be developed by the states to stress the positive benefits of migrant labor and migrant programs to the community.

There be a public information program to encourage human service agencies to work together in serving migrants.

The negative image of migrant workers and migrant services has long been a concern of the task force. These recommendations would help alleviate these problems by providing accurate information about migrants and by encouraging agencies serving migrants to improve their cooperation.

Planning and Evaluation

One aspect of planning and evaluation of migrant programs is the monitoring of migrant student achievement. Because declining student achievement has been a source of public concern, many states and school districts are considering minimum competency tests. The tests are generally designed to determine whether a state's academic goals have been minimally achieved by a student. For migrant education, such tests provide another tool to evaluate the programs and individual student performance.

All 50 states are considering, or have considered, minimum competency testing and 36 states have adopted minimum

competency tests for the general student population. The tests may be for graduation, grade advancement or just for information, and may be conducted by the districts or on a statewide basis. Several of the states (e.g., Florida) have adopted statewide minimum competency tests, and others (e.g., Colorado) have instructed school districts to adopt minimum achievement standards. Thus, minimum competency testing is defined differently in many ways.

Migrant children are already behind their peers in academic achievement, according to a 1974 Exotech study, and have exhibited problems with the Florida minimum competency tests (*Education Daily*, 1977). Migrant educators should consider how minimum competency tests might affect migrant students and whether the migrant program should prepare the children for base state* or receiving state** tests. Otherwise, migrant students are taking tests prepared for children who attend school in the area year-round and may be discouraged from continuing their education. The problem of what to do when students fail also needs to be considered. Most states and school districts that have minimum competency tests offer remedial courses for students who fail the test, but migrant students might not be present for the course and, thus, have to take the test again without benefit of the review given all other students who failed the test.

The new amendments to Title I ESEA authorize the U.S. commissioner to use up to five percent of the migrant education funds for discretionary projects. USOE could use some of the discretionary funds to study the efforts of minimum competency testing on migrant students and to prepare recommendations on how to deal with problems caused for the students by minimum competency testing. If funds from the commissioner's five percent authority are not available, the state migrant education programs could possibly share the costs of a study.

To deal with the problems that minimum competency testing might cause migrant children, the task force recommends that:

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*Base state is the permanent residence of an interstate farmworker or fisher.

**Receiving state is the state to which a migrant farmworker or fisher moves to work for a portion of the year, during planting or harvesting season, for example.

The effect of state minimum competency tests on migrant students' educational progress be studied by the National Association of State Directors of Migrant Education.

SUMMARY

The preceding recommendations have sought to explore two new topics — bilingual education and health services — and five topics that have been addressed before — early childhood, teacher training, secondary credit exchange, public information, and planning and evaluation. The recommendations are based on research findings presented to the task force and testimony from experts, parents and students. The purpose of the recommendations is to help state departments of education, local school districts, state legislatures, the U.S. Congress and federal agencies responsible for services to migrants improve the total range of services needed by migrant farmworkers and fishers. The intent is to look at the whole child, not merely the child in relation to reading or arithmetic. The feeling of the task force is that, unless the whole child is served, educators will never be very successful in teaching them basic skills.

To reemphasize the position of the Interstate Migrant Education Task Force, the recommendations are as follows:

Bilingual Education

A child who is linguistically different and who, because of that difference, is unable to function in a traditional English language instructional program must have the opportunity to receive instruction in the language in which he/she can function educationally. An equally critical component of bilingual education is the development of English language skills. A child must be able to function well in English if he or she is to be successful in an English society or English-speaking schools. This latter skill may be accomplished through teaching English as a second language.

Health Care Services

The migrant farmworkers and their families are entitled to parity health, economic opportunity and educational access. Good health is important to educational achievement and overall development of all children and must, therefore, be equally emphasized for the migrant child.

The task force urges that the following recommendations be considered for future action by HEW and other

departments having to do with the health and welfare of migrant workers and families:

- *The secretary of the Department of Health, Education and Welfare appoint an oversight committee on migrant health. This committee would report annually on the status of migrant health to the U.S. House of Representatives' Committee on Education and Labor, and the Subcommittee on Health and Environment of the Committee on Interstate and Foreign Commerce.*

- *The secretary of the Department of Health, Education and Welfare establish a national task force on migrant health, independent of or in conjunction with the National Migrant Health Council of the Bureau of Community Health Services, to develop recommendations for the secretary of the Department of Health, Education and Welfare.*

- *Congress specifically list the children of migrant workers in any new federal health legislation pertaining to children.*

- *The Bureau of Community Health Services evaluate the migrant health clinics periodically and prepare recommendations for modifications in services, funding procedures and program administration.*

- *The MSRTS health record be modified to match that used by other health service programs, such as Title XIX.*

- *The MSRTS health records of migrant children who reside in non-Title I project areas be made available to private physicians and migrant health clinics to promote continuity of services.*

- *The emphasis on prevention in migrant health be reinforced.*

In addition, the task force passed the following motion concerning health care legislation:

- *Due to our concern for the children of migrant workers, the ECS Interstate Migrant Education Task*

Force goes on record in support of any future legislation designed to enhance health care delivery for migrant farmworkers and fishers, and is prepared to communicate support of this legislation to our respective members of Congress in the forthcoming months.

Early Childhood

Congress enact legislation that will insure that the age of children served under Title I migrant education of ESEA be extended from the present 5 to 17 age limits to ages 0 to 21. Funds be allocated to states for all children of migrant workers from ages 0 to 21 who are identified and enrolled on MSRTS.

The U.S. Office of Education establish a national information network to inform migrant parents about early childhood services. The National Association of State Directors of Migrant Education consider the feasibility of a national toll free number (as a means of making information immediately available to migrant parents) as part of that service.

Teacher Training

Include training that specifically deals with the education of the children of migrant workers as an integral part of the teacher certification requirements.

Mandate inservice training for teachers currently serving the children of migrant workers.

Secondary Credit Exchange

Credit exchange be a coordinated effort among all states, rather than each state developing a separate system.

The state education agency be required to collect MSRTS information from all districts that have migrant workers in their attendance areas.

Public Information

A public information program be developed by the states to stress the positive benefits of migrant labor and migrant programs to the community.

There be a public information program to encourage

human service agencies to work together in serving migrants.

Planning and Evaluation

The effect of state minimum competency tests on migrant students' educational progress be studied by the National Association of State Directors of Migrant Education.

The future work of the task force will focus on presenting the recommendations made to date to various political/educational decision makers and leaders. A final report of the task force will detail the work on having the recommendations adopted by federal, state and local agencies, and legislative bodies.

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